National Perspectives and Federal Resources: Trauma Informed Care in Child Serving Systems

The webinar will begin at 1 PM (ET)

Call-in Number: 1-800-832-0736       Conference Room: 2884179

Webinar Website:
http://gucchdtacenter.georgetown.edu/resources/TAWebinars.html

If you need assistance, call: 202-687-0308 or email irvinema@georgetown.edu

Overview of the Tri-Agency Director's Letter and CMS Perspective and Resources

Barbara Coulter Edwards
Director, Disabled and Elderly Health Programs Group
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
Promoting Better Health Care for Children with States and Our Federal Partners

Moving from a safety net program

To a full partner in the health care system

Ensuring better care, better health, lower costs

Tri-Agency Letter on Trauma Informed Treatment

Encourages the integrated use of trauma-focused screening, functional assessments, and evidence-based practices to improve child well-being.

Aligning Resources to Promote Well-Being of Children & Youth

- Initial efforts to align Federal resources (ACF, CMS, SAMHSA) surrounded psychotropic medication use among children in foster care
- Continuing need to work in partnership to understand and provide the right services to children who have experienced trauma
- Opportunities to ensure that children receive the right treatment through Medicaid’s EPSDT benefit and new Affordable Care Act authorities.

Cross OPDIV Partnership Activities

- Administration for Children Youth and Families
  - Online Resources
  - Webinars
  - Program Instruction
  - All-State Summit: Psychotropics and Children in Foster Care

- Center for Medicaid and CHIP Services
  - Promoting a good benefit
  - Sharing what is known
  - Quality measures
  - Summit Partner

- Substance Abuse Mental Health Services Administration
  - National Child Traumatic Stress Initiative Grants
  - Collaboration with AACAP on guidance for leaders on psychotropic medication use
  - Child and Adolescent Psychiatry Fellowship
  - Summit Partner
Making a Difference in Children’s
Behavioral Health & Well-Being

- Improving children’s access to the right services at the right time
- Identifying a good benefit for children with behavioral health needs
- Improving positive life outcomes for the most vulnerable children
- Improving the quality of children’s behavioral health services

Trauma-Informed Care in Child Welfare

JOO YEUN CHANG, ASSOCIATE COMMISSIONER
Children’s Bureau

National Perspectives and Federal Resources: Trauma Informed Care in Child Serving Systems
Thursday, April 17th, 1pm -2:30pm
Goals of State, Local and Tribal Child Welfare Systems

Child Welfare Goals:

• Safety
• Permanency
• Well-being

Psychotropic Medication Use

Why is Trauma Important in Child Welfare:

• Child mental and behavioral problems are related to poorer placement and permanency outcomes
• Mental and behavioral needs are often a result of trauma, especially in the child welfare system
• Adverse childhood experiences, trauma and toxic stress can derail healthy development and impact health and functioning across a lifetime
• Yet, Child and Family Services Reviews found that:
  - Most state child welfare agencies do not systematically conduct high-quality mental health screens
  - States that do screen rarely use the information to connect children to services
  - Most states lack adequate evidence-based mental health services for children in state care
Supportive, responsive relationships promote healing and recovery and reinforce growing social and emotional skills.

Nurturing environments provide security and promote positive outcomes.

Systems and policies promote and sustain screening, assessment, the use of evidence-based interventions, progress monitoring, and continuous quality improvement.

Assessment drives individualized treatment plan with evidence-based interventions.

Systematic approaches to teaching coping skills and social skills.

Nurturing environments provide security and promote positive outcomes.

Supportive, responsive relationships promote healing and recovery and reinforce growing social and emotional skills.

Knowledgeable and Effective Workforce

Adapted from the Technical Assistance Center on Social Emotional Intervention for Children and the Center on the Social and Emotional Foundations for Early Learning.
Child Welfare Funding Opportunities

Major Formula Grants available to States and Tribes

- Title IV-B, subparts 1 and 2
  - Flexible funding source that allows states to spend IV-B dollars on a wide range of programs and activities directed toward child welfare services.
  - Funding is limited.

- Title IV-E Foster Care, Adoption Assistance, and Kinship Guardianship Assistance Programs
  - The Title IV-E waiver authority allows States an opportunity to support and test the effectiveness of programs, services, and other interventions, including trauma services, that are not normally title IV-E allowable.

Discretionary Grants

ACF Trauma-focused Demonstration Grants:

- “Trauma I”: Integrating Trauma-informed and Trauma-focused Practice in Child Protective Service Delivery (FY2011)
- “Trauma II”: Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-informed Mental and Behavioral Health Services in Child Welfare (FY2012)
- “Trauma III”: Promoting Well-Being and Adoption after Trauma (FY2013)

Summary of ACYF Projects in FY12 with a Trauma Focus

“ACF Trauma Grantees”
- 5 sites funded in 2011
- 9 sites funded in 2012
- 6 sites funded in 2013

President's FY2015 Budget
- Includes a five-year collaborative demonstration involving ACF and CMS.
- Designed to encourage states to build capacity to ensure access to evidence-based psychosocial interventions to reduce the inappropriate use and over-prescription of psychotropic medications.
- The Medicaid demonstration is funded at $500 million over five years in performance-based incentive payments to improve outcomes for children and youth in foster care.
- Paired with $250 million in mandatory funding for ACF in the form of competitive grants over five years to support infrastructure and capacity building.
- Incentives would only be applicable to Medicaid-enrolled children.
Ongoing Collaboration with CMS and SAMHSA to Increase Access to Evidence-based Interventions in Child Welfare

• Support States in developing sustainable funding strategies to ensure access to the right services to children who have experienced trauma.

• Identify opportunities through Medicaid’s EPSDT benefit and new Affordable Care Act authorities.

• Explore ways that CW Agencies can fund services:
  - For children and youth with trauma intervention needs who don’t meet eligibility criteria (e.g., diagnostic threshold)
  - To reimbursement for extra costs associated with evidence-based treatments (e.g., training costs, ensuring fidelity through ongoing coaching, supervision and consultation, need for smaller caseloads, time to travel to families)
  - Preventative Services for Intact, at-risk Families
  - Financing Infrastructure development (e.g., interoperable data systems for sharing information across child and family serving systems)

ACF Resources

• Information Memorandum: Oversight of Psychotropic Medication for Children in Foster Care; Title IV-B Health Care Oversight & Coordination Plan. http://www.acf.hhs.gov/sites/default/files/cb/im1203.pdf
• Adverse Childhood Experiences in Wisconsin. http://wichildrenstrustfund.org/files/WisconsinACEs.pdf
• Diagnoses and Health Care Utilization of Children Who are in Foster Care and Covered by Medicaid. http://store.samhsa.gov/shin/content/SMA13-4804/SMA13-4804.pdf
Reported Prevalence of Trauma in Behavioral Health

- Majority of adults and children in inpatient psychiatric and substance use disorder treatment settings have trauma histories (Lipschitz et al, 1999; Suarez, 2008; Gillece, 2010)
- 43% to 80% of individuals in psychiatric hospitals have experienced physical or sexual abuse
- 51%-90% public mental health clients exposed to trauma (Goodman et al, 1997; Mueser et al, 2004)
- 2/3 adults in treatment for substance use disorder report child abuse or neglect (SAMHSA, CSAT, 2000)
- Survey of adolescents in SU treatment > 70% had history of trauma exposure (Suarez, 2008)
• Integrating a trauma informed approach throughout health, behavioral health and related systems in order to reduce the harmful effects of trauma and violence on children, adults, families and communities.

• Utilizing innovative strategies to reduce the involvement of individuals with trauma and behavioral health issues in the criminal and juvenile justice systems.
SAMHSA Programs

- National Child Traumatic Stress Initiative (NCTSI)
- National Center for Trauma Informed Care (NCTIC)
- SAMHSA’s Children’s Mental Health Initiative
- Mental Health Block Grants and Substance Abuse Block Grants

Lessons Learned from Grantees

- The behavioral health impacts of trauma are a key focus in the national discourse about children’s mental health services
- Growing evidence of effective trauma-focused services (e.g. TF-CBT)
- Lack of sufficient training for practitioners on trauma screening and interventions
- Need broader response to trauma
- Even if excellent treatment provided → others in setting close to child can negate good work of therapy
Creating a Trauma Informed Approach for Children: Maine “Thrive”

• What it did:
  – Family partnering programs
  – Trauma-focused CBT Learning Collaborative for Providers
  – Trauma-informed TA and Training

• Sustainability
  – Evaluation component
  – Linkage between parents’ trauma and child outcomes
  – Lessons learned conveyed to Dept of Corrections’ Division of Juvenile Services, to implement TIA.

Interagency/Cross System: Collaborations with ACYF/CMS

• Child Trauma State Directors’ Letter

• Secretary’s blog
  – http://www.hhs.gov/secretary/about/opeds/childhood-trauma-recover.html

• Dept Level Priority Goal
  – Increase number of trauma-exposed children in child welfare who receive the right services at the right time to improve social-emotional well-being.

• Psychotropic Medications
  – State Directors Letter, State Directors Summit, GAO Report

• Treatment Foster Care Technical Experts Panel

• The National Center on Substance Abuse and Child Welfare- SAMHSA Contract, IAA with ACYF

• Regional Partnership Grants – ACF Grant, SAMHSA TA
Collaboration with Juvenile Justice: Attorney General’s “Defending Childhood Initiative”

• Connections with Law Enforcement and the Juvenile Justice System (trauma training for judges, family and youth courts, detention, etc.)
• Children Exposed to Violence (grants and task force with a focus on trauma interventions)
• National Forum on Youth Violence Prevention – 10 cities initiative
• Joint State Juvenile Justice Policy Academy – trauma focus, screening, treatment, court personnel training, 2014

CMS/SAMHSA Informational Bulletins

• “Prevention and Early Identification of Mental Health and Substance Use Conditions”

• “Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions”
The Role of Schools in Addressing Student Trauma

Sharon H. Stephan, Ph.D.

Center for School Mental Health

MISSION
To strengthen the policies and programs in school mental health to improve learning and promote success for America’s youth

• Established in 1995. Federal funding from the Health Resources and services Administration.

• Focus on advancing school mental health policy, research, practice, and training.

• Shared family-schools-community agenda.

• Co-Directors: Sharon Stephan, Ph.D. & Nancy Lever, Ph.D. http://csmh.umd.edu, (410) 706-0980
The Treatment and Services Adaptation (TSA) Center for Resiliency, Hope, and Wellness in Schools
http://traumaawareschools.org

- **Marleen Wong**, Ph.D., LCSW
  Associate Dean and Clinical Professor
  University of Southern California School of Social Work
  Principal Investigator, USC/LAUSD/RAND/UCLA
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- Steve Hydon, MSW
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- Sheryl Kataoka, MD, MSHS
- Audra Langley, PhD
- Bradley Stein, MD, PhD
- Pamela Vona, MA

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### Trauma Informed Schools

#### Sample Strategies

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<tr>
<th>School Wide Ecological Strategies:</th>
<th>Psychosocial Education: SSET Support to Students Exposed to Trauma</th>
<th>Crisis Counseling: Psychological First Aid: Listen, Protect, Connect</th>
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<tbody>
<tr>
<td>Positive, Safe School Climate</td>
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| Early Intervention:               | Intensive Intervention:                                          | PBIS/RTI *                                                          |
| CBITS Cognitive Behavioral        | TF-CBT Trauma Focused Cognitive Behavioral Therapy              | Guiding principals and framework                                    |
| Intervention for Trauma In Schools|                                                                  |                                                                    |

*Multi-Tiered Service Delivery Model/Use of Research Based Interventions/Intensity of Interventions Increasing at Each Level/Data Driven Decisions/Regular Monitoring of Student Progress*
Core Concepts in Trauma Informed Schools –
The Role Shared by Every Adult in a School

Early Detection and Intervention
Exposure to violence and trauma are detected early with early intervention

Understanding Effects on Student Learning
Students learn skills to cope more effectively with the distress that interferes with learning

Informed Teachers and Parents
Teachers and parents learn how they can support fearful and anxious students in the classroom and at home

PSYCHOLOGICAL FIRST AID:
Listen Protect Connect/Model and Teach

Copyright M. Schreiber, R.H. Gurwitch, & M. Wong, 2006
Adapted, M. Wong, 2012
Support for Students Exposed to Trauma (SSET)

- Modified version of CBITS
- Delivered by: Teachers, School Counselors, Graduate Interns
- Pilot tests: SSET Promising

Cognitive Behavioral Intervention for Trauma in Schools

- School-based intervention
- Delivered by licensed mental health professionals
- Proven effective in research trials
- Visit: Rand.org OR cbitsprogram.org
An Intervention for Elementary School Children Exposed to Traumatic Events: The Bounce Back Program

- 10 Group Sessions—CBT Skills
- Parent Educational Session(s)
- 2-3 Individual Trauma Narrative Sessions (parent invited to 3rd)
- Weekly letters to parents
- Weekly emails to teachers

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University of California Los Angeles
Dept. of Psychiatry and Biobehavioral Sciences

Lisa Jaycox, Ph.D.
RAND Corporation

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

From Deblinger & Heflin (1996)
Fully Integrated
School Mental Health Services

**INTENSIVE**
Coordinated, comprehensive, and culturally relevant interventions.
- Evidence based mental health services
- Trauma Focused Cognitive Behavior Therapy (TFCBT)
- Managing & Adapting Practice (MAP)
- Families OverComing Under Stress (FOCUS)
- Intensive Case Management
- Crisis Intervention
- Psychiatric consultation & Medication support
- Psychiatric Hospitalization Reentry planning

**TARGETED**
Interventions that address risk factors and foster protective factors for students at-risk.
- Screening
- Monitoring
- Community Referrals
- Classroom Supports
- 504 Plans/IEPs
- Group Interventions (students & parents)
- Cognitive Behavior Intervention for Trauma in Schools
- Triple P Parenting
- Coordination of Services Team
- Student Success Team
- Risk Assessment and Management

**UNIVERSAL**
Policies and practices that promote a school-wide culture of respect, safety, and resiliency for students.
- Comprehensive student support
- Behavior management
- Modeling
- Classroom Consultation
- Positive Behavior Support Policies
- Second Step
- Staff & Parent Trainings:
- Mental Health Awareness
- Psychological First Aid
- Promoting Staff & Student Resiliency
- Suicide Prevention
- Crisis Prevention, Intervention, and Postvention
- Threat Assessment/Work Place Violence Prevention
- Inhalants Abuse Prevention

Youth MOVE National
We are change agents “Motivating others through voices of experience”

Overview of Youth MOVE National
&
Why my passion for Trauma Informed Care!
Understanding Trauma From a Youth Perspective

Just when you think you arrived

Misunderstood/Confused
Blaming and Shaming Phase
Anger & Frustration
Making sense of what has happened
Hope & Resiliency
Making sense of it all

Masselli, B (2014)

Our Experiences Shape How We See The World!

• How we approach services
• How we develop and maintain healthy relationships
• How we view ourselves
• How we manage stress
• How understanding safety
• How we engage in community
• Who we trust
Developing Responsive System

- Shift your approach from “What is Wrong With You to What Has Happened”
- Shift from a reactive and punitive structure to a proactive preventative structure
- Provide education on trauma to ALL, so they can understand risk factor
- Provide Trauma Specific Interventions
- Understand our story and recognize that it may be different from our siblings and our parents story
- Explain to us what has happened, give us language to talk about it
- Help us rewrite our story to one that inspires hope, healing and recovery
- Enhance protective factors and build resilience in all domains (school, family and community)
Questions & Comments

IMPORTANT LINKS

Evaluation Form:  https://www.surveymonkey.com/s/TACenterWebinarEvaluation

Webinar Website:  http://guchdtacenter.georgetown.edu/resources/TAWebinars.html

Data Matters:  http://www.guchdgeorgetown.net/data/